TREMPEALEAU COUNTY HEALTH CARE CENTER-FDD

W20298 STATE ROAD 121

WHITEHALL	54773	Phone: (715) 538-43	312	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	on: 365	Highest Level License:	FDDs
Operate in Conj	junction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and Sta	affed (12/31/03):	44	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	44	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/03:	42	Average Daily Census:	43

Services Provided to Non-Residents		Age, Gender, and Primary Di	lagnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	용 		11.9	
Supp. Home Care-Household Services No		·		Under 65 95.2		More Than 4 Years	59.5	
Day Services	Yes			65 - 74	4.8	•		
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse		75 - 84 85 - 94	0.0	 ******************	95.2	
Adult Day Care Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over		Full-Time Equivalent		
Congregate Meals No		Cancer		•		- Nursing Staff per 100 Residents		
Home Delivered Meals Other Meals	No Yes	Fractures Cardiovascular		 65 & Over		(12/31/03) 		
Transportation	No					RNs	9.4	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	5.9	
Other Services	Yes	Respiratory 0.)		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	73.8	Aides, & Orderlies	49.7	
Mentally Ill	Yes			Female	26.2			
Provide Day Programming for			100.0	1				
Developmentally Disabled	Yes				100.0	I		
**********************	*****	* * * * * * * * * * * * * * * * * * * *	******	**********	*****	* * * * * * * * * * * * * * * * * * * *	******	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	%	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				39	100.0	176	0	0.0	0	3	100.0	170	0	0.0	0	0	0.0	0	42	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		39	100.0		0	0.0		3	100.0		0	0.0		0	0.0		42	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ons, Services, and	d Activities as of 12	/31/03
Deaths During Reporting Period	 			 %	Needing		Total
Percent Admissions from:	į	Activities of	용		istance of	% Totally	Number of
Private Home/No Home Health	14.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	14.3		81.0	4.8	42
Other Nursing Homes	0.0	Dressing	66.7		28.6	4.8	42
Acute Care Hospitals	28.6	Transferring	90.5		7.1	2.4	42
Psych. HospMR/DD Facilities	28.6	Toilet Use	71.4		26.2	2.4	42
Rehabilitation Hospitals	0.0	Eating	59.5		38.1	2.4	42
Other Locations	28.6	*****	*****	*****	****	******	******
Total Number of Admissions	7	Continence		용	Special Treatment	cs	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	2.4
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	4.8	Receiving Track	neostomy Care	0.0
Private Home/With Home Health	11.1	Occ/Freq. Incontine	nt of Bowel	0.0	Receiving Suct:	ioning	0.0
Other Nursing Homes	11.1				Receiving Ostor	my Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	2.4
Psych. HospMR/DD Facilities	11.1	Physically Restraine	ed	0.0	Receiving Mecha	anically Altered Diet	s 23.8
Rehabilitation Hospitals	22.2						
Other Locations	44.4	Skin Care			Other Resident Ch	naracteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance Di	irectives	57.1
Total Number of Discharges	i	With Rashes		4.8	Medications		
(Including Deaths)	9				Receiving Psych	noactive Drugs	95.2

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

Nursing Care Required (Mean) *

	This]	FDD		All						
	Facility	Fac	cilities	Fac	ilties						
	%	%	Ratio	્ર	Ratio						
Occupancy Rate: Average Daily Census/Licensed Beds	97.7	89.6	1.09	87.4	1.12						
Current Residents from In-County	4.8	33.5	0.14	76.7	0.06						
Admissions from In-County, Still Residing	0.0	11.3	0.00	19.6	0.00						
Admissions/Average Daily Census	16.3	21.3	0.77	141.3	0.12						
Discharges/Average Daily Census	20.9	25.0	0.84	142.5	0.15						
Discharges To Private Residence/Average Daily Census	2.3	11.4	0.20	61.6	0.04						
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00						
Residents Aged 65 and Older	4.8	15.3	0.31	87.8	0.05						
Title 19 (Medicaid) Funded Residents	92.9	99.3	0.93	65.9	1.41						
Private Pay Funded Residents	7.1	0.5	12.99	21.0	0.34						
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40						
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00						
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00						
Impaired ADL (Mean) *	21.9	53.1	0.41	49.4	0.44						
Psychological Problems	95.2	50.1	1.90	57.4	1.66						

4.2

11.0

0.38

7.3 0.57